**Durham County Matching Grants**

A Program of the

**DURHAM OPEN SPACE & TRAILS COMMISSION**

**APPLICATION**

Note: Please review the Durham County Matching Grants Program Guidelines and Application Instructions carefully before filling out the application. The completed application may be submitted electronically (preferably in PDF format) to:

Program Administrator: David Ades

[matchinggrants@dconc.gov](mailto:matchinggrants@dconc.gov)

(919) 560-0012

Alternatively, three copies of the completed application can be mailed to:

Durham County Budget and Management Department

Attn: David Ades

200 East Main Street, 4th Floor

Durham, North Carolina 27701

**Application Deadline: 5:00pm on Friday, November 11, 2016**

**All text entry fields should automatically expand as needed. When completing this application, you are encouraged to attach additional sheets as necessary**.

GENERAL INFORMATION

Date: Click or tap to enter a date.

1. Name of Organization: Click or tap here to enter text.
2. Website: Click or tap here to enter text.
3. Mailing Address: Street: Click or tap here to enter text.

City: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

1. Contact Person for this grant request: Click or tap here to enter text.

Position in Group: Click or tap here to enter text.

1. Phone Number: Click or tap here to enter text.
2. Email Address: Click or tap here to enter text.
3. Organization’s Chief Official Click or tap here to enter text.

Title: Click or tap here to enter text.

1. Is your organization recognized as a non-profit organization by:
   1. The State of North Carolina: Yes No
   2. The Internal Revenue Service: Yes No, Federal Tax I.D. No Click or tap here to enter text.

## PROJECT INFORMATION

1. Proposed project and location

Click or tap here to enter text.

1. Please provide a brief summary of the proposed grant project (attach graphics or design if appropriate):

Click or tap here to enter text.

1. Please describe how project objectives contribute to one or more of the five goals adopted by the Open Space and Trails commission (found in the Introduction of the Guidelines).

Click or tap here to enter text.

1. Who will be the customary users of this project? How large an area, or how big a group, does this include? How often do you anticipate that the project will be used by these users? Please be as specific as you can. (Include a schedule if known.)

Click or tap here to enter text.

1. Does the project involve land acquisition? YesNoIf yes, provide “An Offer to Purchase and Contract” or letter of intent (see Guidelines, Section II B1). Also if yes, provide a brief description of any special ecological features of the property and attach supporting information if available.

Click or tap here to enter text.

1. Does the project involve capital improvements? YesNoIf yes, does your organization own the land on which the improvements are proposed? YesNoIf no, and the land is publicly owned (such as a school playground), please provide written verification that the owner supports your organization’s proposed plans. Explain your organization’s relationship to the landowner and attach any agreements on your organization’s use of the land.

Click or tap here to enter text.

1. Will the project, as proposed in this application, complete your organization’s plans as currently envisioned or are additional phases anticipated for the future? Completeor Additional phases anticipatedDescribe additional phases.
2. Click or tap here to enter text.
3. Any project funded through the Matching Grants Program must be publicly accessible. How will the proposed project provide for public access? Are any specific constraints to public access anticipated? See General Criteria 5, Section I B and the discussion of public access in Section V C of the Guidelines.

Click or tap here to enter text.

1. Will a fee be charged for its use? Yes No
   1. If yes, will a fee be charged: for the customary users? Yes No $0.00
   2. If yes, will a fee be charged: for the public? Yes No $0.00
2. If approved, when is the project scheduled to: Start: Click or tap to enter a date.

End: Click or tap to enter a date.

(*Grants will be awarded and contracts completed approximately six months after the application deadline.)*

## ORGANIZATION INFORMATION

1. How long has your organization been in existence? Click or tap here to enter text.
2. Approximately how many members does it have? Click or tap here to enter text.
3. What is its approximate annual budget, and what are the sources of these funds? $0.00

Click or tap here to enter text.

1. Does it have any paid staff members? Yes No If yes, describe:

Click or tap here to enter text.

1. How will your organization provide on-going maintenance and supervision for the proposed project?

Click or tap here to enter text.

1. Is a reasonable period of use projected for the capital improvements planned by your organization?

*(See the Section V A of the Guidelines for an explanation of the importance of this question)*

Click or tap here to enter text.

1. **PROJECT BUDGET.** Provide a budget summary **ONLY** for the project for which a Matching Grant is requested.
2. **Land Acquisition.** List anticipated expenses, or when used for a match, provide documentation of value: $0.00

Click or tap here to enter text.

1. **Improvements.** Provide a contractor’s written estimate if applicable: $0.00

Click or tap here to enter text.

1. **Labor.** Expenses for project only, including value of anticipated volunteer labor: $0.00

Click or tap here to enter text.

1. **Supplies to Carry out the Project.** List anticipated expenses: $0.00

Click or tap here to enter text.

1. **Other.** (Professional expenses, rentals, etc.). List anticipated expenses: $0.00

Click or tap here to enter text.

1. **Total Estimated Project Cost.** Add items A through E above and enter the sum below: (Note: The grant awardwill be considered a maximum. Only actual documented expenditures will be reimbursed, or will qualify for the applicant's match.)

**TOTAL PROJECT COST (A through E** **above)**  $0.00

## INFORMATION ABOUT THE PROJECT’S MATCHING FUNDS

1. Will the project use support from other sources (grants, etc.) in addition to Durham County? Yes No
   1. If yes, on a separate sheet of paper please list the source, procedures, requirements, rules, regulations, agreements, timetables, and all other pertinent facts on each source as well as all optional or alternate sources or plans. (See Guideline II D 2 of the Guidelines.)
2. Will the project involve volunteer labor, consultation, or supervision? Please Explain:

Click or tap here to enter tet.

To consider your application properly, we need to quantify how your organization will provide its matching contribution. The organization’s share will be provided in the following way(s):

1. Money
2. Funds on hand which will be allocated to this project; $0.00
3. Funds to be raised by grants, gifts, fundraisers, etc. $0.00

**TOTAL MONEY** (add 1 and 2 above) $0.00

**B**. Land (value of) $0.00

**C**. Volunteer Labor (estimated value of) $0.00

**D**. Other $0.00

**E**. **TOTAL for Organization’s Match** $0.00

1. **BUDGET SUMMARY**

**Total Project Cost** (from 26.F above)  $0.00

**Organization’s Total Match** (from 28.E above) $0.00

**Durham County’s Portion of Project**  $0.00

**(Total Project Cost minus Organization’s Total Match.)** $0.00

### SIGNATURE

I certify that the information in this grant application is accurate to the best of my knowledge.

Name of Contact Person (print)

Name of Chief Official (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Signature Date

#### REQUIRED ATTACHMENTS

1. The application form with a completed VENDOR APPLICATION/BIDDER PROFILE

available at <http://dconc.gov/index.aspx?page=207>

1. Any site plans and design layouts of the proposed project.
2. An 8 ½” by 11” context map which clearly identifies the location of the project.
3. If land is not owned by the applicant, a letter by the owner (or appropriate representative of the owner) indicating support for the grant proposal.
4. The organization’s latest financial statement or treasurer’s report; or alternatively a description of its record keeping and financial procedures.
5. The organization’s officers, board of directors (or equivalent), and by-laws or articles of incorporation.
6. Documentation of the organization’s non-profit status.
7. The Durham County Tax Map with the project area outlined in red available from <http://gisweb.durhamnc.gov/gomaps/map/index.cfm>
8. Any additional documentation to support the grant request.

For projects which involve land acquisition, or the use of land as part of the applications matching contribution, also include copies of:

1. Value of property, as shown on the assessed value for tax purposes. Optional- To substantiate a value higher than the assessment, attach at least one of the following: a certified appraisal, option to purchase price, or purchase price paid.
2. A property description (survey or plat including deed book and plat map reference).
3. An “Offer to Purchase and Contract” (one copy enclosed in a separate envelope marked CONFIDENTIAL if so desired) or copies of a letter of intent to sell, signed by the property owner.